MIPE

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J	limpy Pa	(Depositor's name)	
	1/in		(Signature)
	70	06/04/0	(Date)
TOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.

FIRST NAMED INVEN APPLICATION NO. FILING DATE 854063.650 1796 09/965,128 09/26/2001 Gabriele Barlocchi

TITLE OF INVENTION: INTEGRATED CHEMICAL MICROREACTOR, THERMALLY INSULATED FROM DETECTION ELECTRODES, AND MANUFACTURING AND OPERATING METHODS THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300		\$1630	06/08/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS] .	
REDDING,	1744		435-287200			
Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer				nting on the patent front page up to 3 registered patent R, alternatively, (2) the name ing as a member a registered d the names of up to 2 registor agents. If no name is list	attorneys or 1 Jenkens of a single l attorney or 2 stered patent	s & Gilchris

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

STMicroelectronics S.r.1.

Agrate Brianza, ITALY

	<i>;</i>	J	•		
Please check the appropriate assignee c	ategory or categories (will not be	e printed on the patent);	individual	x corporation or other private group entity	government
4a. The following fee(s) are enclosed:		4b. Payment of Fee(s):			
X Issue Fee		X A check in the amo	unt of the fee(s)	is enclosed.	
Publication Fee	•	Payment by credit of	ard. Form PTO-	2038 is attached.	
☐ Advance Order - # of Copies		The Director is he Deposit Account Num	reby authorized ber 10-044	by charge the required fee(s), or credit any (enclose an extra copy of this	overpayment, to form).
Director for Patents is requested to appl	ly the Issue Fee and Publication	Fee (if any) or to re-apply	any previously p	paid issue fee to the application identified abo	ve.

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~ 1. Yalon	6.4.04
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PTO/SB/17 (10-03)

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FEE TRANSMITTAL						lete if Kı		
I LE IIVAIVOIVIII I AL	1	Application Number			09/965,128-Conf. #1796			
for FY 2004	Filing Date			September 26, 2001				
Effective 10/01/2003, Patent fees are subject to annual revision.	First Named Inventor			Gabriele Barlocchi				
Encourse foromzood, r atom rees are subject to annual revision.		Examiner Name D				D. A. Red	dding	
Applicant claims small entity status. See 37 CFR 1.27		Art Unit 1744					_	
TOTAL AMOUNT OF PAYMENT (\$) 1,630.00		Attomey Docket No. 61179-00009USPX						
METHOD OF PAYMENT (check all that apply)				FEE	CALCUL	ATION (co	ontinued)	
X Check Credit Money Order Other None	3. A	ADDITIO	ONA	L FEES				
Deposit Account:	Lam	e Entity	Sm	all Entity				
Deposit Account Number 10-0447	Fee Code	Fee	Fee	Fee	•	Fee Des	cription	Fee Paid
Deposit Jenkens & Gilchrist, a	1051	130	205	1 65	Surcharge -	- late filing fe	e or oath	
Name Professional Corporation The Director is authorized to: (check all that apply)	1052	50	205	2 25	Surcharge - sheet,	- late provisi	onal filing fee or cover	
Charge fee(s) indicated below X Credit any overpayments	1053	130	105	3 130		n specificatio	n	
X Charge any additional fee(s) or any underpayment of fee(s)	1812		181		_	·	oa <i>rte</i> reexamination	\vdash
Charge fee(s) indicated below, except for the filing fee	1804	920*	180	4 920*	Requesting Examiner a		of SIR prior to	
to the above-identified deposit account.	1805	1,840*	180	5 1,840*		publication of	of SIR after	
FEE CALCULATION	1251	110	225	1 55		or reply within	n first month	
1. BASIC FILING FEE	1252	420	225	2 210	Extension fo	or reply within	n second month	
Large Entity Small Entity	1253	950	225	3 475	Extension fo	or reply within	n third month	
Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	1254	1,480	225	4 740	Extension for	or reply withi	n fourth month	
1001 770 2001 385 Utility filing fee	1255	2,010	225	5 1,005	Extension fo	or reply within	n fifth month	
1002 340 2002 170 Design filing fee	1401	330	240	1 165	Notice of Ap	peal		
1003 530 2003 265 Plant filing fee	1402	330	240	2 165	Filing a brief	f in support o	of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	240	3 145	Request for	oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	145	1 1,510	Petition to in	nstitute a put	olic use proceeding	
SUBTOTAL (1) (\$) 0.00	1452	110	245			evive – unav		
	1453	1,330	245			evive - uninte		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	250		•	fee (or reiss	ue)	1,330.00
Claims below Fee Paid	1502	480	250		Design issu	e fee		
Total Claims 11 -33** =x =0.00	1503	640	250		Plant issue	fee		
Independent 3 -4** = x = 0.00	1460	130	146	0 130	Petitions to	the Commis	sioner	
Multiple Dependent	1807	50	180	7 50	Processing	fee under 37	CFR 1.17(q)	
Large Entity Small Entity	1806	180	180	6 180	Submission	of Information	on Disclosure Stmt	
Fee Fee Code (\$) Fee Description	8021	40	802	1 40			ssignment per of properties)	
1202 18 2202 9 Claims in excess of 20	1809	770	280	9 385	Filing a sub (37 CFR 1.1		final rejection	
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	281	0 385	For each ad	Iditional inve		
1204 86 2204 43 ** Reissue independent claims	1801	770	280		-	37CFR 1.129 Continued E	(b)) Examination (RCE)	\vdash
over original patent	1802	900	180		Request for	expedited e		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		fee (spec	l	1504	of a design and Publication in normal publication	fee for early,	voluntary, or	300.00
SUBTOTAL (2) (\$) 0.00	*Redi	uced by E	Basic	Filing Fee			TAL (3) (\$)	1,630.00
**or number previously paid, if greater, For Reissues, see above	<u> </u>							
SUBMITTED BY	Posici	mtion M-	_			(Complete	(if applicable))	
Name (Print/Type) Tamsen Valoir, Ph.D.		ration No ey/Agent)		1,417		Telephone	(713) 951-3381	
Signature						Date	June 4 2004	

I hereby certify that this corres	pondence is b	eing deposited with the	e U.S. Postal Se	ervice as Express N	Mail, Airbill No. EV 382	166 033
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Dated: June 4 2004	Signature:	11/M 11/14		(Jimmy Patte	erson)	